



POP Briefs

USAID: Ensuring Quality Family Planning Services Throughout the World

Offering high quality care services is a key goal of USAID's family planning and reproductive health programs. Research shows that women who have confidence in the quality of family planning services are more likely to use them. In fact, this may be the deciding factor for people who want to avoid pregnancy, but feel uncertain about contraception. (1) In addition, programs that consistently provide good, client-centered services improve public perceptions of and participation in modern family planning and health services.

As part of an on-going effort, USAID works with international organizations, governments, and non-governmental organizations (NGOs) to continuously upgrade family planning services and counseling and to educate clients about the kind of care they can expect to receive. In 1993, USAID launched a global initiative, **Maximizing Access and Quality of Care (MAQ)**, designed specifically to promote quality services and remove barriers that can discourage clients from using services. MAQ promotes several universal principles to enhance quality:

- Ensure the program offers a range of methods and services;
- Treat clients with respect and tailor counseling, services, and methods to individual preferences, knowledge, beliefs, skills, needs, and concerns about contraception;
- Teach clients how to use their chosen methods properly; and
- Provide information about common side effects and how to manage them, and assure clients they can switch methods if they encounter problems or are dissatisfied with a particular method.

MAQ Promotes a Culture That Cares About Quality.

Training Health Care Professionals.

USAID has trained hundreds of thousands of physicians, nurses, and other health workers to provide quality family planning services, to improve their technical knowledge of contraception, and to strengthen their counseling skills.

Ensuring Physical Facilities, Commodities, and Equipment.

MAQ guidelines for clinical procedures in family planning call for adequate utilities, space, furniture, and equipment necessary to meet all family planning/reproductive health needs. It also provides regulations for commodities, including making sure the maximum number of appropriate family planning methods are potentially available and that supplies of methods are always in stock.

Establishing Quality Assurance

Systems. USAID collaborates with its working partners and donors to ensure use of state-of-the-art techniques to improve client-provider interaction. COPE (Client-Oriented Provider-Efficient) surveys help agencies and clinics determine how well their efforts to improve quality are working and help identify areas for improvement. Other tools for problem solving include providing supportive supervision to help front line providers do their work, and accreditation for clinics and provider personnel.

Expanding Availability, Increasing

Knowledge. USAID spends approximately \$50- 60 million annually on contraceptive supplies to give clients access to a variety of methods, allowing them to choose the one best suited to their reproductive and health needs. Innovative public information



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and media campaigns educate providers and clients about different family planning methods and standard job aids include client-friendly and informational wall posters and brochures.

Supporting Research For Improved Methods.

USAID is the leading donor for biomedical research on improved contraceptives in developing countries. The Agency also supports extensive data collection, monitoring and evaluation activities designed to improve quality of care.

Integrating Family Planning Programs with Broader Reproductive Health and Other Health Programs. USAID works to ensure, where possible, that other services such as prenatal care and treatment of sexually transmitted diseases, are available at the same site or through referral.

Facts and Figures

Data show that failure to counsel clients on potential side effects of their chosen method can result in 2 to 3 ½ times higher discontinuation rates.

Recent research in India showed that training private medical practitioners improves quality of care by improving their technical knowledge and perception of family planning services. This results in better quality of care for their clients.

Studies of countries and regions with high contraceptive failure rates often trace them to quality-of-service issues, such as inappropriate method selection, poor counseling, disruptions in contraceptive supplies, or poor clinical technique.

USAID MAQ Programs

With USAID support, Brazilian health professionals initiated the PROQUALI project in two states that had a combined population of more than 20 million. Initiatives included adoption of a new set of guidelines for reproductive health services and a “Quality Seal” accreditation system for clinics. After 12 months, 4 of the 5 clinics were accredited. Clinic attendance increased by 74 percent in all

PROQUALI sites; it is expected to accredit an additional 25 to 30 health clinics this year. (3)

Most health systems do not screen patients for unmet need for family planning and reproductive health services. In Guatemala, the Ministry of Health tested a job aid that helped providers detect unmet need, provide comprehensive reproductive health care, and increase the numbers of users of different services. As a result, in six months, service providers that used the job aid had 124 percent more family planning clients than in the previous year.

In Nepal, a radio soap opera, “Service Brings Rewards,” was created to overcome the difficulties in providing face-to-face training and to address client questions about treatment and information received. This unique approach to distance education was designed to improve the technical knowledge and counseling skills of rural family planning health workers. The series was followed by 75 percent of providers in the target areas. Afterwards, they showed significant improvement in counseling skills, with average exam scores rising 20 points.

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Sources: (1) NovJain, A.K., *Studies in Family Planning*, Jan./Feb. 1989; (2) Johns Hopkins Center for Communication Programs, *Communication Impact*, Nov. 1998. (3) John Hopkins Center for Communication Programs, *Communication Impact!* Aug. 2000. Except as noted above, the figures presented are from reports summarized in *Population Reports, Family Planning Programs: Improving Quality*, published in 1998 by the Population Information Program, Johns Hopkins University School of Health, with support from USAID.